



Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street • Boston, Massachusetts 02114

Board of State Examiners of Electricians
(617)727-9931, www.mass.gov/dpl/boards/el

Attach unmounted
recognizable recent
photograph in this space with
face not less than 3/4 inches
wide.
(Photograph taken more than
six months prior to filing
application is not accepted.)
(Do not use staples when
attaching photograph.) Paste
or cellophane tape may be
used.

Application for Master Electricians
License By Reciprocity
Application shall be printed in Ink and filled out by
the Applicant

Date Received _____
Date Accepted _____
Certificate No. _____
Date of Issue _____

APPLICATION FEE \$270
(Non-refundable, Do Not Send Cash)

Print name _____
(First Name) (Middle Initial) (Last Name)
Home Address _____
(No. Street) (City/Town) (State) (Zip code)
Mail Address _____
(No. Street) (City/Town) (State) (Zip code)
Tel No _____ Birth date _____ Height _____ Weight _____
Social Security No _____ Federal I.D. _____

Pursuant to M.G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Present Employer _____ Address _____
Nature of Employer's Business _____
Your Duties as Employee _____
Date Employment Started (From) _____ (mm/dd/yy) (to) _____ (mm/dd/yy)

Former Employers _____
Address _____
Nature of Employer's Business _____
Your Duties as Employee _____
Dates of Employment (From) _____ (mm/dd/yy) (to) _____ (mm/dd/yy)

A) If application is to be filed in the name of a Corporation, answer following in addition to reverse side:

- Name of Corporation _____
(Please write exactly as it appears on Corporation Papers)
- Business Address _____
(No. Street) (city/town) (state) (zip code)
- Name of Master Electrician _____
(Qualify Officer)

Revised 05/31/06